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ABSTRACT

The document offers guidelines for an intake method used by the Kentucky Project for Early Education of Exceptional Children (PEEEC) staff in the placement of a referred child for special education services. Intake procedures are outlined for the following steps: initial referral, initial contact with parent, referral screening recommendations meeting, release information, contacts, the ineligible child, screening/diagnosis/assessments, parent interview, parent admission and release conference report, admissions and release committee meeting, checklists, and agency contacts. Appended are sample PEEEC forms and a copy of the "Curriculum and Assessment" manual which includes descriptions of various assessment instruments, a description of the curriculum process, and lists of curriculum resources and materials. (SB)

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INTAKE SERVICES CURRICULUM AND ASSESSMENT

Project for Early Education of Exceptional Children,
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INTAKE SERVICES

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INTAKE

Intake, as defined by Webster's New Collegiate Dictionary, means "a taking in". With regard to an educational program, it is a taking in of information to place the child in an appropriate setting for instruction and related services.

The following information describes the method used by the Project for Early Education of Exceptional Children staff in the placement of a referred child. The intake procedure was designed to be used by a staff member who has been assigned the responsibility for a referral. The procedures can be handled by special education teachers, school social workers, or paraprofessionals. The assigned person should work closely with the Special Education Coordinator of the child's school district.

During the demonstration phase of the Project for Early Education of Exceptional Children, 1977-1980, the intake procedures were handled by a part-time paraprofessional. It is a time-consuming job. In some instances during the project, intake was handled by the project teachers. It required a great deal of time away from the teacher's classroom responsibilities. If a teacher is given these responsibilities, release time from classroom instruction should be scheduled to insure that intake is handled thoroughly and in keeping with due process procedures.

GUIDE TO FORMS

Copies of forms referred to by title and number are located in Appendix A.

I-001	Initial Referral Form
I-002	Request for Information Sample Cover Letter — Request for Information
I-006	Rights Regarding Individual Assessment of Children
I-007	Parent Permission for Individual Assessment
I-022	Medical Examination Form
I-005	Referral Screening Recommendations
I-026	Referral Status Report
I-003	Parent Interview Form
I-008	Parent ARC Pre-Conference Report
I-011	Admission & Release Conference Summary Report
I-019	Statement of Rights & Procedures Concerning Placement
I-020	Parent Permission Form for Placement
I-009	Authorization for Pictures
I-010	Permission for Transportation Case Manager's Checklist
I-025	Coordination of Services Contact Form

INTAKE PROCEDURES

I. Initial Referral

Referrals are received from many sources. School personnel, Bureau of Social Services, neighbors, physicians, parents and concerned others provide referrals.

These individuals should be encouraged to fill out a referral form (I-001). Once a referral is received by the program, a case manager (teacher or paraprofessional) is assigned to handle the intake procedures. If the referral form is received, but not completed or if a referral is by phone, letter, etc.; the case manager can visit with the parent/guardian to obtain the needed information on the form.

If the referral is made by someone other than the parent, contact is made with the referring person. The following questions are asked:

- A. What is the reason for the referral?
- B. Is there any useful background information? (Use referral form (I-001) as a guide)
- C. Is parent aware that the child has been referred to the program?
- D. Does child meet the eligibility criteria for the program?

If the form is to be completed in an interview with the parent, the following steps are suggested:

- A. Contact by phone, if possible.
Introduce self and explain program briefly.
- B. Set up an initial appointment to meet parents. (obtain and document directions to home)
 1. Arrange appointment at a convenient time for the parents.
 2. Establish a relationship of respect, honesty, and **confidentiality**.
 3. Explain program and services available.
 4. Obtain data and signature on initial referral form (I-001). This initial visit is **very important**. It sets the tone for the future involvement of the parent.

BE A GOOD LISTENER!

The next steps in completing a referral include:

- A. Obtain signature of the Special Education Coordinator in the child's school system.
- B. Once the initial referral form is completed, a file folder and number for tracking in the record keeping system is assigned to the child.

II. Initial Contact with Parent

In addition to the initial referral form (I-001), other forms to be explained and to be signed by parent during initial visit are as follows*:

A. Release of Information (I-002)

Obtain names and addresses of social, educational, and medical services the child has had or is receiving. (see section IV)

B. Statement of Rights — re: Assessment (I-006)

Explain rights to parents and the need for assessment of the child. This form is not to be signed but must be given to the parents.

C. Permission for Assessment (I-007)

D. Permission for Transportation (I-010)

It may be necessary to provide transportation for screening and evaluations.

E. Medical Form ESE (I-022)

Give the form to the child's parent. They should have the form completed by the child's physician.

* May be completed in other visits.

III. Referral Screening Recommendations Meeting*

- A. Case Manager, teacher, special education coordinator, principal, and parent involvement coordinator, if applicable, will discuss information received from referral. Items to be discussed:
 - 1. Possible handicaps of referred child.
 - 2. Assessments needed.
 - 3. Agency contacts to be made.
 - 4. Parents needs.
 - 5. Child status.
 - 6. Estimated Admissions and Release Conference (ARC) date.
- B. Complete the Referral Screening Recommendations Form (I-005). Use this to document the items discussed in the meeting. Also use it as a guide to intake activities. Make sure all in attendance at the meeting sign the form and receive a copy.

* In the case of a local education agency, this meeting will be held by the Admissions and Release Committee.

IV. Release of Information

Send release of information forms (I-002), signed by parents, to agencies with a cover letter (see sample, Appendix A). It is very important that these agencies or persons be contacted. They will have vital information concerning medical, psychological, social and developmental history. This information will be considered when writing the child's individual educational plan (IEP).

V. Contacts to be made:

Send a copy of the Referral Screening Recommendations Form (I-005) to the Special Education Coordinator so that it may be filed in the child's cumulative folder.

Send a copy of the Referral Status Report (I-006) to the referring person.

VI. Child is ineligible:

If child does not meet program eligibility criteria, try to find services to meet his/her needs,

- A. Contact other agencies and ask for permission to refer the child to agency programs. Give no names; just factual data.
- B. Re-contact referring person and explain reasons program cannot serve the child. Recommend, if possible, another agency which could serve the child. Be sure permission to refer has been obtained from the agency. Send Referral Status Report (I-026) to the referring persons to explain actions taken.

VII. Screening/Diagnosis/Assessments

The child may need to be checked in several areas: vision, hearing, medical, social, speech and language, motor, psychological, educational and behavior. Arrangements will need to be made with the appropriate agencies/persons. The following is only a list of possible contacts:

Vision

Health Department
Ophthalmologist

Hearing

Health Department
Audiologist/Otologist
University Speech & Hearing
Clinics

Speech & Language

Public School Speech Therapist
Private Clinic Speech Therapist
Mental Health/Mental Retardation Centers
University Speech & Hearing
Clinics

Medical/Health

Health Department
Family Physicians
Developmental Physicians
Neurologists

Psychological/Behavior

Child Evaluation Centers
Area Diagnostic Centers*
School Psychologist
MH/MR Centers
Specialists in Adaptive Behavior

Educational

Educational Diagnostician
Teacher (trained in assessment)

- A. Make the appropriate appointments for the child with agencies or persons to perform evaluations with parents. Indicate the information needed as a result of the screening or assessments. Encourage parents to attend. Transportation may have to be provided.

*Kentucky has three area diagnostic centers within the state serving the public schools. Also, some state universities have a child evaluation center (see Appendix B).

VIII. Parent Interview

Set up an appointment with parents to complete the parent interview form (1-003). This form requires a great deal of time to complete adequately. The results of this interview provide pertinent information about the developmental and social history of the child. This information is generally required for placement of all types of children with handicaps.

IX. Parent ARC Pre-Conference Report

The ARC Pre-Conference Report Form (I-008) is to be used to document parental input on the child's individual educational plan (IEP). It may be completed or filled out by the case manager during an interview. Similar pre-conference reports may be helpful from other members of the Admissions and Release Committee.

X. Admissions and Release Committee Meeting

A. The meeting should be arranged at the convenience of the parent. Others who should attend are:

1. Case Manager
2. Teacher
3. Principal
4. Special Education Coordinator

If applicable:

5. Parent Involvement Coordinator
6. Speech Therapist
7. Psychologist
8. Physical Therapist/Occupational Therapist
9. Agency Representatives (i.e. Bureau of Social Services)

B. Items to be discussed are:

1. Purpose of the Meeting
2. Educational Needs
3. Assessments/Evaluations
4. Input from other Professionals
5. Parental Input
6. Placement (outside placements also)
7. Total Service Individual/Plan Educational Plan (IEP/TSP)

C. Have each person at the meeting sign the ARC Conference Summary Report (I-011). Each person present at the meeting should also receive a copy.

D. Statement of Parent Rights

Parents should have these rights explained to them prior to placement and they should be given a copy of these rights. Use the form "Statement of Rights and Procedures Regarding Placement" (I-019).

E. Forms to be signed by parents during ARC Conference Meeting.

1. Parent Permission for Placement (I-020)
2. IEP/TSP
3. Authorization for Pictures (I-009)
4. Authorization for Transportation (I-010)
5. ARC Conference Summary Report (I-011)

XI. Checklists

The Case Manager's checklist is a convenient way to note progress on intake. It records the following:

- A. Information Requested/Received on Child.
- B. Information Released on Child.
- C. Child Status.
- D. Intake and Placement Tasks to be Compiled or Completed.

XII. Agency Contacts

Once an agency contact is made a record should be kept so that it can be used for future reference. These may be recorded on a Coordination of Services Form (I-025).

APPENDIX A

PROJECT FOR EARLY EDUCATION OF EXCEPTIONAL CHILDREN



West Kentucky Educational Co-Op

INITIAL REFERRAL FORM

PEEEC provides services to multiple handicapped 3-8 year old children and their families within the West Kentucky Educational Co-op. Screening, assessment and individual educational programs are provided for all children. Services are available through a home-based or center-based program in cooperation with the local school system and other community agencies. Parent involvement is an integral part of the child's educational development. Referrals are accepted from any source on a "zero reject" basis for direct, referral, or follow-through assistance.

REFERRAL PROCEDURES:

- I. For persons completing form:
 - A. Complete all items on initial referral form
 - B. Discuss completed form with parents
 - C. Obtain parent signature
 - D. Send to Coordinator of Special Education Services in your local school district
- II. For local school system personnel:
 - A. Review form for completeness
 - B. Obtain signature of Coordinator of Special Education Services
 - C. Forward completed form to:

PEEEEC
Special Education Building
Murray State University
Murray, Kentucky 42071

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FOR OFFICE USE ONLY

date received _____

date screened _____

Referring Person & Agency _____ Title _____ Date _____

Child's Name _____ Birthdate _____ Sex _____

Parent/Guardian _____ Telephone _____

Address _____
Street City State Zip County

Agencies/Schools child has been/is associated with:

Educational _____

Medical _____

Social _____

SCREENING

Vision Screening - Date _____ Results _____

Hearing Screening - Date _____ Results _____

Other Tests - Date _____ Type _____ Results _____

INDIVIDUAL ASSESSMENTS

Test _____ Agency or examiner _____

Date _____ Results _____

Test _____ Agency or examiner _____

Date _____ Results _____

Test _____ Agency or examiner _____

Date _____ Results _____

MEDICAL INFORMATION

Family Doctor? _____

Address _____ Phone _____

Child's general health is 1 good _____ fair _____ poor (check one)

Does child have any diagnosed physical handicaps? _____

Does child have any chronic health disorders? _____

Does child use any prosthetic or orthopedic devices? _____

Known allergies _____

Special medications child may be on during the day _____

Medical restrictions _____

Is child susceptible to respiratory infections or colds? _____

Other siblings: name _____ age _____

name _____ age _____

name _____ age _____

Childhood diseases child has had _____

Innoculations child has had, dates _____

BEHAVIORAL CHECKLIST

Please note with a check if the following behaviors are (F) Frequent, (O) Occasional, or (NN) Not Noticed
If behavior is not applicable to child at this time, please check column marked (X).

F O NN X COMMENTS

1. Has difficulty controlling bladder.					
2. Has difficulty controlling bowel.					
3. Lacks in self-help skills:					
a. Feeding - Unable to feed self, or feeds self with great difficulty.					
b. Dressing - Unable to dress self, or dresses self with great difficulty.					
c. General Hygiene - Unable to carry out practices conducive to health such as washing hands, brushing teeth, etc.					
4. Appears to have difficulty seeing					
5. Appears to have difficulty hearing.					
6. Has short attention span.					
7. Is restless or over active.					
8. Shows excessive attention getting behavior.					
9. Frequently fights, has difficulty playing with others.					
10. Tends to be shy, prefers to play alone.					
11. Shows unusual behaviors different from most children.					
12. Perseverates (shows repetitive behaviors)					
13. Has difficulty with gross motor skills:					
a. sitting					
b. standing					
c. walking					
d. running					

14.	Has difficulty with fine motor skills:					
	a. grasping, holding objects					
	b. stringing beads					
	c. cutting with scissors					
	d. tracing, coloring in the lines					
15.	Lacking in readiness skills					
	a. identifying colors					
	b. copying forms					
	c. matching objects					
	d. counting					
	e. perceiving spatial relationships (up, down; near, far), directionality (right, left).					
16.	Language development appears to be delayed.					
17.	Suspected speech problems:					
	a. Rate - has unusually slow or fast speech					
	b. Articulation - cannot make certain sounds					
	c. Voice problems - voice too soft, loud, nasal or unusually pitched					
	d. Stuttering					

APPROVAL

I am aware that this referral has been made to PEEEC for my child, and feel that the information above is accurate.

Coordinator of Special Ed. Services

Signature of Parent/Guardian

COMMENTS:

Project for Early Education of Exceptional Children (PEEEEC)

West Kentucky Educational Cooperative

Request for Information

To:

Date: _____

Child's Name: _____

Birth Date: _____

Address: _____

Authorization is hereby granted to _____ to release
to the Project for Early Education of Exceptional Children and its staff
information pertaining to treatment and/or services rendered.

Signature of parent

Address

Specific information and/or reports requested are:

Please forward to: Project for Early Education of Exceptional Children
Special Education Building
Murray State University
Murray, Kentucky 42071

I-002



Project for Early Education of Exceptional Children

Special Education Building
Murray State University,
Murray, Kentucky 42071

Phone: 502 762-6965

Robert Kibler
Melba Casey, Co-Directors

RE: _____

Dear _____

The above named child has been referred to our preschool project for services. The parents have given permission to request records from your agency as indicated on the attached "Request for Information" form.

A stamped self-addressed envelope is enclosed for your convenience. Please return the requested information as soon as possible. If you have any questions regarding this matter please contact me at the indicated number or address.

Sincerely,

JA:sm

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Project for Early Education of Exceptional Children (PEEEEC)

West Kentucky Educational Cooperative

RIGHTS REGARDING INDIVIDUAL ASSESSMENT OF CHILDREN

Your rights as a parent or guardian include:

1. The right to look at all the school records about your child.
2. The right to have all the results of the individual testing of your child clearly explained.
3. The right to take part in any meeting held by an Admissions and Release Committee to discuss your child.
4. The right to get independent testing of your child.
5. The right not to give permission for any suggested individual testing.
6. The right to make a complaint and appeal to the superintendent about anything having to do with assessment, placement, or plans for special education for your child.
7. The right to a due process hearing held by an impartial hearing officer.

Rights of the school district include:

1. The right to ask for an impartial hearing if a parent does not give permission for assessment when the school staff feels it is needed in the child's best interest.
2. The right to go ahead with the individual testing if the parents do not answer any of the school's attempts to get permission for evaluation.

I-006

Project for Early Education of Exceptional Children (PEEEEC)

West Kentucky Educational Cooperative

PARENT PERMISSION FORM FOR INDIVIDUAL ASSESSMENT

This is to indicate that I have been informed and counseled regarding the referral of my child _____ for individual assessment using appropriate tests.

The procedures and tests recommended for this assessment are: behavioral observation in home and school, developmental and psychoeducational testing, and speech and hearing assessments.

Check one:

☐ I give my permission for individual testing of my child.

☐ I do not give my permission for individual testing of my child.

Signature

Relationship to Child

Date

cc: Parent
School Superintendent

I-007

Project for Early Education of Exceptional Children (PEEEC)
West Kentucky Educational Cooperative

MEDICAL EXAMINATION FORM

NOTE TO STUDENT AND PARENT

We will appreciate your cooperation in helping to improve and promote the school health program. Each student's health is important and greatly influences his educational progress. All local boards of education shall require a medical examination of each child first entering school within a period of six months prior to or one month following admission to school, and have an approved program of continuous health supervision which shall include screening for tuberculosis during the first year of school for any new enrollments and vision and hearing tests for all first grade children.

PLEASE COMPLETE THE IDENTIFYING INFORMATION, THE RECORDS OF HISTORY AND IMMUNIZATIONS AND TAKE THIS FORM TO YOUR PHYSICIAN AT THE TIME OF EXAMINATION.

IDENTIFYING INFORMATION

Name of Student _____ Date of Birth _____
Name of School _____ Grade _____
Parent or Guardian _____ Address _____
In case of emergency call _____ Tel. NO. _____
Family Physician _____ Family Dentist _____

PREVIOUS OR EXISTING DISEASES AND CONDITIONS	FAMILY HISTORY OF TUBERCULOSIS EPILEPSY AND DIABETES	RECORD OF IMMUNIZATIONS	SERIES DATE	BOOSTER DATE
Allergies		DPT		
Convulsions		Td		
Diabetes		Polio		
Polio		Measles		
Rheumatic Fever		Smallpox		
Other		Tuberculin test reading		
		Other		

NOTE TO PHYSICIAN

Please verify the personal health history and the record of immunizations given above. Record immunizations given at time of visit. Complete the recommendations to the school as requested on the reverse side of the form. This form, as soon as completed, should be returned to the school by the student, or it may be mailed to the principal.

MEDICAL EXAMINATION (if normal - X if abnormal)

General appearance	Nose and Throat	Blood pressure
General nutrition	Mouth	Pulse
Posture	Teeth and gums	Abdomen
Height and weight	Glands	Genitalia
Skin	Breasts	Bones and muscles
Scalp	Lungs	Nervous System
Eyes and lids	Heart	Emotional problem
Ears	Murmurs	Other

TESTS (Indicate tests administered)

Tuberculosis count	Bistoplasmosis	Urine
	Other	Other

PHYSICIAN'S RECOMMENDATIONS

REMARKS

Is pupil physically capable of carrying a full program of school work? Yes No

Should there be restrictions on up and down stair travel? Yes No

Is special seating recommended? Yes No

Does pupil have any uncorrectable defects? Yes No

Is there evidence of emotional upset? Yes No

Is there need for dietary corrections? Yes No

Would a home visit by the nurse be desirable? Yes No

Does pupil require continuing medical treatment? Yes No

RECOMMENDATIONS TO SCHOOL ON MEDICAL FINDINGS

OTHER RECOMMENDATIONS (Indicate need for psychiatric, EENT. medical or surgical care)

CLASSIFICATION FOR PHYSICAL EDUCATION ACTIVITY

REMARKS ON LIMITATIONS

CODE (Indicate code number on block)

I Unlimited activity

II Slightly modified-under observation

III Definitely restricted, i.e., cardiac, convalescent, etc.

IV Individual physical education

V Rest

SIGNED _____ Physician _____ Date _____

OFFICE ADDRESS _____ Street _____ City _____ Zone _____ Tel. No. _____

Project for Early Education of Exceptional Children

West Kentucky Educational Cooperative

Referral Screening Recommendations

Child's Name _____

Referral Screening Date _____

Case Manager _____

Handicaps: Primary _____ Suspected _____ Diagnosed _____

Secondary _____ Suspected _____ Diagnosed _____

Intake Recommendations:

Estimated Admissions and Release Committee date:

Comments:

I-005

PROJECT FOR EARLY EDUCATION OF EXCEPTIONAL CHILDREN (PEEEEC)

West Kentucky Educational Cooperative

REFERRAL STATUS REPORT

Child's Name _____ Birthdate _____

Address _____

Parent's Name _____

County _____ Special Ed. Contact _____

Case Manager _____

Date Referral Received _____

Date Referral Screened _____

Check the appropriate item:

_____ Placed in intake for diagnoses and assessment.

_____ Ineligible due to _____;

(Complete next item also.)

_____ Referred to other sources: _____;

Agency/Individual

_____ Agency/Individual

_____ Agency/Individual

Estimated Admissions and Release Committee date: _____

Comments: _____

Project for Early Education of Exceptional Children (PEEEEC).

West Kentucky Educational Cooperative

PARENT'S ARC PRE-CONFERENCE REPORT

Student's name

Scheduled Conference Date

1. What are your child's strengths -
2. In what areas does your child need improvement -
3. What would you like to discuss at your child's ARC meeting -
4. Please list any needs or concerns that you have regarding your child's educational program-
5. If this is an IEP review meeting, how has your child progressed since the last meeting.-

Signature

Date

I-008

Project for Early Education of Exceptional Children (PEEEEC)

West Kentucky Educational Cooperative

ADMISSIONS AND RELEASE COMMITTEE CONFERENCE SUMMARY REPORT

Conference Date

Child's Name

Birth Date

School

Teacher

Parent/Guardian

Phone

Address

I. PURPOSE AND MAJOR CONCERNS OF CONFERENCE

II. MOST IMPORTANT EDUCATIONAL NEEDS

III. STEPS TO BE TAKEN TO FULFILL NEEDS

A. ENROLLMENT

B. OUTSIDE PLACEMENT

C. TRACKING

D. OTHER

COMMENTS

Committee Members Present

Position

1.

2.

3.

4.

5.

Project for Early Education of Exceptional Children (PEEEEC)

West Kentucky Educational Cooperative

STATEMENT OF RIGHTS & PROCEDURES CONCERNING PLACEMENT

PARENTS RIGHT:

The following rights and procedures are available to you as a parent or guardian in planning for future educational programming for your child:

1. You can sign the enclosed parent consent form and thereby permit your child to be placed in the appropriate special program for Exceptional Children, as recommended by PEEEC staff.
2. You can choose not to sign the enclosed form if you do not think you have enough information about the educational program recommended for your child. To get a better understanding of the educational program recommended for your child, you may ask for a meeting with the staff and any other appropriate school people. Ask Bob Kibler, Co-Director PEEEC to arrange this meeting.
3. If you want, you can get an independent evaluation (medical, psychological, or educational) by someone else or someplace else. A list of where you can get help for this independent evaluation is available by asking any of the Project staff.
4. You can refuse to sign the consent form; if you do not agree with the recommendation of the Project staff. If an agreement about the evaluations of your child cannot be reached between you and the school district, you can ask for a hearing. This will be held by an impartial hearing officer. At such a hearing you can have legal representation (a lawyer); you can give information from other evaluations you had done, like medical, psychological or educational evaluations; you can ask questions of (cross-examine) school officials. If you want a hearing, please ask for it by writing to the Superintendent of your school district before 45 calendar days from the date of the Parent Permission Form for Placement. If possible, keep a copy of the letter you write.

5. Information on available legal counsel can be gotten from your school district.

SCHOOL RIGHTS.

The following rights and procedures are available to the school in planning for future educational programming for your child.

1. The Project can go ahead with placement, if we do not hear from you within 14 days of this notice. We will try many times to get your answer before placement is made.
2. If you do not agree with the staff recommendation for placement and don't give permission, the school can ask for a hearing before an impartial hearing officer.

I-019

Project for Early Education of Exceptional Children

West Kentucky Educational Cooperative

Parent Permission Form for Placement

I, as a parent or guardian, have been informed of the recommended placement for my child _____ in the Project for Early Education of Exceptional Children. I understand the reasons for this recommendation and I have been advised of all options and legal rights open to me. I understand that the need for this special education placement will be reviewed at least once a year to find out how well my child is doing in that program.

CHECK ONE BELOW AND FILL IN THE APPROPRIATE BLANKS

- ____ 1. I, as a parent or guardian, hereby give my permission for the placement of _____ in the PEEEC demonstration classroom/Home School Instruction at the preschool/primary level. This is in accordance with 707 KAR 1:050 of the Kentucky Administrative Regulation.
- ____ 2. I, as a parent or guardian, was given the opportunity to place _____ in the Project for Early Education of Exceptional Children, as defined in 707 KAR 1:050 of the Kentucky Administrative Regulations. However, I do not desire said placement as of this date.

School Year

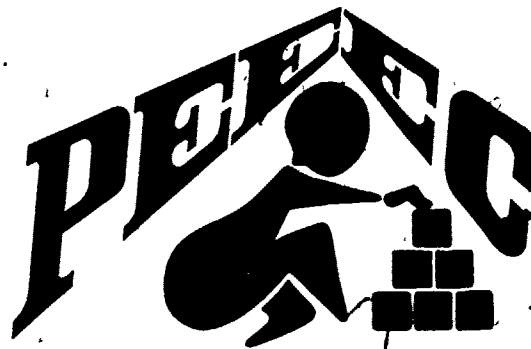
Parent's Signature

Date

Chairperson Admissions & Release
Committee or Designated
Representative

CC: Parent
School Superintendent

PROJECT FOR EARLY EDUCATION OF EXCEPTIONAL CHILDREN



West Kentucky Educational Co-Op

PARENT INTERVIEW FORM

Kentucky state regulations require that the comprehensive evaluation of pupils referred for placement in programs for the multi-handicapped shall include a social history and medical evaluation. This interview form summarizes information about a child and when completed provides a social and medical history. The information complements developmental, psychological, medical and other assessment data deemed necessary by the Admissions and Release Committee for the required comprehensive, individual child evaluation.

This form is to be completed by a representative of the school system assigned as case manager for the referred child. Through interviews with the parents and other agencies or individuals having knowledge of the child, the case manager completes the form.

The information gathered by the case manager and summarized on this form is reported at the Admissions & Release Committee (ARC) meeting. The information is considered along with additional assessment data in making placement and programming recommendations for the child.

All information is considered confidential.

Procedures for case manager:

1. Arrange meetings to conduct interviews with parents and others having information about the child's history and present status.
2. Complete all items on parent interview form.
3. Discuss completed form with parents.
4. Obtain parent signature.
5. Present information at the Admissions and Release Committee meeting.
6. Utilize information in making referral, placement and programming recommendations regarding the child

Case Manager

Parent Signature

Date

Date

I Identifying Information Form

1. Child's Name _____ Birthdate _____ Age _____ Sex _____
2. Address _____

Street
City
State
Zip
County
3. In Case of Emergency Notify:
 Name _____ Relationship _____ Phone _____
 Address _____

Street
City
State
Zip
County
4. Who has responsibility for Child? _____

Day
Night
5. Directions to child's home: _____

6. Informant's Name _____ Relationship _____ Date _____

II Background Information

1. Mother's Name _____ Birthdate _____ Home Phone _____
 Occupation _____ Employer _____ Hours _____ Bus. Phone _____
 Approx. Income _____ Source _____ Church Attended _____
 Last grade of school completed _____
2. Father's Name _____ Birthdate _____ Home Phone _____
 Occupation _____ Employer _____ Hours _____ Bus. Phone _____
 Approx. Income _____ Source _____ Church Attended _____
 Last grade of school completed _____
3. Present status of parents is: _____
4. Persons living in home:

Name	Birthdate	Relationship	Occupation or grade in school
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
5. Natural siblings not living in home:

Name	Birthdate	Relationship	Occupation or grade in school
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
6. Referred-child's rank in family: _____ of _____ children
7. Is the child adopted? No _____ Yes _____ Date of Adoption _____
8. Has any order ever been made concerning the care and/or custody of the child? No _____ Yes _____
 Explanation _____
9. Foster parents? _____
10. Foster placement is for how long? _____

11. Is adoption by foster parents anticipated? No _____ Yes _____ When _____
12. Comments about foster placement:
(i.e. Foster sibling reactions, background information prior to placement, frequency of visits to natural home, resulting behavior, etc.)
- _____
- _____

13. Child's legal guardian: _____

14. Name of child's present programs:

Program / Agency

Contact Person & Address

Services Provided

_____	_____	_____
_____	_____	_____

15. Child's Medicaid Number _____

16. Child's Social Security Number _____

17. Child's Supplemental Security Number _____

18. Child's income received and source _____

19. Describe steps taken to obtain medical assistance for child:

20. Child's medical services:

Physician's name

Address & phone

Treatment

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

III Developmental Information

1. What was the mother's health like during pregnancy? (Circle)
 - a. Nervous and apprehensive; unusually happy, moody, other.
 - b. Headaches, high blood pressure, pus in urine, anemia.
 - c. Nausea, vomiting, persistent abdominal or lower back pain, spotting, fatigue, false labor, other.
 - d. Illnesses: flu, virus infection, measles, rubella, RH incompatibility, syphilis, other.
 - e. Accidents or falls.
 - f. Drugs used during pregnancy: _____
2. What was mother's reaction to pregnancy? _____
3. Did mother feel that the living situation or events in the home were comfortable during this period? _____
Describe: _____
4. Length of labor: Hours _____ Natural _____ Caesarean ☒
Was labor induced? _____ Were forceps used? _____
5. Number of pregnancies _____ Number of living children _____
6. Weight of child at birth _____ Full term? _____
If not full term, how much early or late? _____
7. Did the baby breathe spontaneously? _____ Need oxygen or assistance? _____
Anything exceptional in baby's condition? (blueness, injury, paralysis, anoxia, jaundice, blood transfusion?) _____
8. Did baby have any of the following immediately after birth? (Scars, bruises, deformities, seizures, sucking, swallowing difficulties, feeding difficulties?) _____
If yes, what? _____
9. Breast fed _____ Bottle fed _____ Both _____ Age when weaned _____
Baby's response to nursing was: _____ Active _____ Eager _____ had to be encouraged.
10. Type of feeding: _____ Demand _____ Time Scheduled _____
11. Was vomiting a problem? _____ Colic? _____
Constipation? _____ Diarrhea? _____ If so, how was this handled? _____
12. What attitude or mood did baby express most of the time? (happy, smiling, cuddly, whiney, painful, etc.) _____
Explain: _____
13. Babies vary in amount of activity. Select one:
 - _____ a. Showed great deal of activity, squirming, wiggling, kicking, etc.
 - _____ b. Showed very little activity usually.
 - _____ c. Vigorous activity when awake but often observed playing quietly.
14. Do you feel that your child is restless or overactive NOW? _____
If so, explain: _____
15. Did anyone assist with the care of the baby during infancy? _____
If yes, who and how long? _____
16. Did anything occur during the first year of life that caused unhappiness or anxiety or special strain on the mother and / or father? _____
If so, explain: _____
17. At what age did baby cut first tooth? _____ months.
18. What are child's sleeping habits?

	As Infant	Presently	Comments
a. Thumbsucking	_____	_____	_____
b. Rocking	_____	_____	_____
c. Special toy in bed	_____	_____	_____
d. Blanket	_____	_____	_____
e. Lights off	_____	_____	_____

Child's present sleeping schedule is: _____ Nap _____ Bedtime _____ Awaken _____

19. Who sleeps in the room with your child? _____
 Did he ever share a room with parents? _____ If yes, for how long? _____
20. Does your child frequently wake up during the night? _____ As an infant did he / she have to be held or rocked in order to go to sleep? _____
21. Has your child shown any regressive behavior or ceased to use any previously developed skill? _____
 Describe: _____

IV Behavioral Information

- | | Yes | No |
|--|--------------------|-------|
| 1. Did or does your child: | | |
| a. Suck his thumb? | _____ | _____ |
| b. Masturbate? | _____ | _____ |
| c. Bite his fingernails? | _____ | _____ |
| d. Demand excessive attention? | _____ | _____ |
| e. Have a short attention span? | _____ | _____ |
| f. Cry excessively? | _____ | _____ |
| g. Show moodiness (sad)? | _____ | _____ |
| h. Show jealousy? | _____ | _____ |
| 2. Does your child have angry outbursts of temper tantrums which cause you concern? _____ If yes, under what circumstances do they occur? _____ | | |
| 3. What methods do you use in disciplining your child? _____ | | |
| Is child resistant, resentful, or negative toward discipline? _____ | | |
| Is discipline frequently necessary? _____ Who usually disciplines? _____ | | |
| When you tell your child that you are going to discipline him, do you always follow through? _____ | | |
| 4. Do the parents agree with each other on methods of discipline? _____ If no, explain how they disagree _____ | | |
| 5. What is the most frequent reason he / she needs discipline? _____ | | |
| 6. During the early years of the child's life, was either parent frequently away or out of the home? _____ If yes, explain _____ | | |
| 7. Describe any family group activities (include child's behavior during these activities) _____ | | |
| 8. Do parents argue or show affection in front of children? _____ Explain _____ | | |
| 9. Has family moved frequently? _____ If yes, give reasons _____ | | |
| 10. Did or does your child express fear of: | | |
| People? _____ | Trains? _____ | |
| Darkness? _____ | Loud Noises? _____ | |
| Dogs? _____ | Other? _____ | |
| 11. Does your child have nightmares or frightening dreams? _____ If yes, describe _____ | | |
| 12. Did your child ever lose anyone or a pet with whom he had a close relationship? (mother, father, grandparent, brother, dog, cat, etc.) _____ If yes, explain _____ | | |
| 13. Did or does your child seem reluctant or object to being left in the care of others? _____ | | |
| 14. If your child attended a pre-school program, did he / she object to leaving home and parents? _____ | | |

	YES	NO
15. Does your child enjoy playing with other children?	<u> </u>	<u> </u>
With children his own age?	<u> </u>	<u> </u>
With younger children?	<u> </u>	<u> </u>
With older children?	<u> </u>	<u> </u>
Is he aggressive toward other children?	<u> </u>	<u> </u>
toward property?	<u> </u>	<u> </u>
toward himself?	<u> </u>	<u> </u>
16. Does your child have a closer attachment to one parent? <u> </u>		
Which one? <u> </u> How is this attachment shown? <u> </u>		
17. Does your child require you or others to do things for him which he is capable of doing himself? <u> </u>		
If yes, what things? <u> </u>		
18. Does your child have strong likes and dislikes for food? <u> </u> Describe <u> </u>		
<hr/>		
Eating Habits	Yes	No
Does he eat breakfast?	<u> </u>	<u> </u>
Does he eat lunch?	<u> </u>	<u> </u>
Does he eat supper?	<u> </u>	<u> </u>
Does he snack in the morning?	<u> </u>	<u> </u>
Does he snack in the afternoon?	<u> </u>	<u> </u>
19. Has your child had any frightening experiences? <u> </u> If yes, describe <u> </u>		
20. Has was your child prepared for the birth of brothers and sisters? <u> </u>		
By whom was he told? <u> </u>		
21. Does your child have marked preference or dislike for any of his brothers or sisters? <u> </u> If yes, which one or ones? <u> </u>		
How does he express these feelings? <u> </u>		
22. Has any other child in the family had any problems or handicaps? <u> </u>		
If yes, describe <u> </u>		
23. Does your child show a marked preference for his right or left hand? <u> </u>		
Were any attempts made to change left-handedness to right-handedness? <u> </u>		
If yes, what was done? <u> </u>		
24. Has anyone in your immediate family had psychiatric or psychological assistance? <u> </u>		
If yes, explain <u> </u>		

V Medical Information

1. History of illnesses. Indicate members of family involved (C-child, M-mother, F-father, S-sibling, G-grandparent)

	Age			Age	
Allergies: Type _____	_____	_____	Heart Disease	_____	_____
Chicken Pox _____	_____	_____	Influenza _____	_____	_____
Convulsions _____	_____	_____	Kidney Illness _____	_____	_____
Diabetes _____	_____	_____	Measles _____	_____	_____
Diphtheria _____	_____	_____	Meningitis _____	_____	_____
Encephalitis _____	_____	_____	Mumps _____	_____	_____
German Measles _____	_____	_____	Otitis Media _____	_____	_____
Rheumatic Fever _____	_____	_____	Pneumonia _____	_____	_____
Cyanosis _____	_____	_____	Scarlet Fever _____	_____	_____
Sinusitis _____	_____	_____	Poliomyelitis _____	_____	_____
Tuberculosis _____	_____	_____	Tonsillitis _____	_____	_____
Whooping Cough _____	_____	_____	Typhoid Fever _____	_____	_____
Sickle Cell Anemia _____	_____	_____	Cancer _____	_____	_____

Indicate any complications with above illnesses or other illnesses:

2. Operations performed on child, including fractures:

Type of Operation	Date	Complications
_____	_____	_____
_____	_____	_____
_____	_____	_____

Explain child's reaction to surgery: _____

3. Tests and Inoculations administered to child:

	Age			Age	
Chest Plate _____	_____	_____	Scarlet Fever Toxin	_____	_____
Urinalysis _____	_____	_____	Diphth-Ted-Toxoid	_____	_____
Smallpox _____	_____	_____	Vaginal or Urethral Smear	_____	_____
Salk Vaccine 1 _____	_____	_____	Tetanus _____	_____	_____
Salk Vaccine 2 _____	_____	_____	Wasserman or Hezzini	_____	_____
Salk Vaccine 3 _____	_____	_____	Tuberculin _____	_____	_____
Typhoid _____	_____	_____	Whooping Cough	_____	_____
Other _____	_____	_____	Flu Vaccine: Type _____	_____	_____

4. If you are unsure of tests and inoculations, is your child's immunization program up to date? _____

Health Department _____ Doctor's Name _____

5. Is child susceptible to sunburn? _____

Handicapping condition:	Suspected	Diagnosed	Comments
Hearing Impairment	_____	_____	_____
Visual Impairment	_____	_____	_____
Communication Disorder	_____	_____	_____
Convulsive Disorders	_____	_____	_____
Other Physical Handicaps	_____	_____	_____
Perceptual / Motor Disorders	_____	_____	_____
Mental Retardation	_____	_____	_____
Behavioral Disorders	_____	_____	_____
Health Impaired	_____	_____	_____
Learning Disability	_____	_____	_____
Multiple Handicapped	_____	_____	_____

7. Who referred you to this program?

Name _____ Title _____

Address _____

Reason for Referral _____

Project for Early Education of Exceptional Children (PEEEEC)

West Kentucky Educational Cooperative

AUTHORIZATION FOR PICTURES

Permission is hereby given to the staff of the Project for Early Education of Exceptional Children to take pictures of (child's name) . It is understood that the pictures will be used for educational purposes and in Project brochures to explain the demonstration of procedures to parents and school personnel. Pictures may also be used in news articles.

Signature of Parent

Date _____

Project for Early Education of Exceptional Children (PEEEEC)

West Kentucky Educational Cooperative

PERMISSION FOR TRANSPORTATION

I, _____, the parent/gurdian of
_____ do hereby give my permission
to personnel and/or cooperating parents of PEEEC, WKEC,
to transport my child in their personal automobiles during
the _____ school year.

I do hereby relieve the above mentioned parties and PEEEC,
WKEC of all liability in connection with transporting my
child in his/her automobile.

I give my permission for my child to participate in field
trip activities.

Person obtaining permission

Child's name

School year

Parent signature

Date

CASE MANAGER'S CHECKLIST

Case Manager

Date

Comment: (Agency or Name)

I. Screening

- Speech
- Hearing
- Vision
- Medical

II. Referral

Referral Obtained - Form I-001

Parent's Signature

School Representative's Signature

Referral Screening Committee Meeting

Recommendations From I-005

Contact with Referring Person Made

III. Intake

Parent Interview Form Completed - Form I-003

Assessment Permission Form Signed - Form I-007

Parent's Statement of Rights - re: Assessment
Form I-006

*Referrals Made or Request for ~~Information~~

Form I-002 or Date Referral Made

Report
Received

Comments

Educational			
Psychological			
Health			
Therapeutic			
Social			
Speech			
Hearing			
Vision			
Other Medical			

III. Intake Cont'd.

Date _____ Comment: (Agency or Non)

Medical Examination Form KSE-33
(I-022) Completed

**Developmental Assessment: PEEEC
Name _____
Name _____
Name _____

**Behavioral Assessment: PEEEC
Name _____
Name _____
Name _____

Parent's ARC Pre-Conference Report
Form I-008

Tentative IEP/TSP Developed - Form I-012

IV. Admissions and Release

ARC Committee Meeting - Form I-011
IEP/TSP - Form I-012
IEP/IIP - Form I-013

Enrollment

Placement Permission Forms Signed - I-020
Parent's Statement of Rights re: Placement I-019
Authorization for Pictures - I-009
Permission for Transportation - I-010
Family Needs Assessment - I-004
Individualized Family Objectives - I-023

ARC Meetings: Conference Summary Report I-011
IEP Review
IEP Review
IEP Review

Termination of Direct Services

Final Termination - Form I-

PEEEC information released to:

Date	Agency/Individual	Item(s)	Parent Permission
------	-------------------	---------	-------------------

Coordination of Services Contact Form

Project Teacher _____

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include initials of person completing contact.

APPENDIX B

DIAGNOSTIC CENTERS

West Kentucky Diagnostic Center
West Ky. Educational Cooperative
Special Education Building
Murray State University
Murray, Kentucky 42071
(502) 762-6965

Area Diagnostic Center
College of Education Building
Western Kentucky University
Bowling Green, Kentucky 42101
(502) 745-5363

Buffalo Trace Regional Diagnostic Center
R.R. #5, Box 97
Maysville, Kentucky 41056
(606) 564-5563

CURRICULUM AND ASSESSMENT

By

DIANE MURPHY
JANET BRAZELTON
JERRI MILLICAN

Developmental Learning Center Teachers

Project for Early Education of Exceptional Children
West Kentucky Educational Cooperative
Special Education Building
Murray State University
Murray, Kentucky 42071
(502) 762-6965

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ASSESSMENT PROCESS

Assessment

Assessment is a means or procedure by which information is obtained to construct Individual Education Plans (IEP). Children are assessed in several major areas of development; fine motor, gross motor, cognitive, language, personal-social, and behavior.

To assess these areas there are many tools which are quite adequate. Among those available, five instruments have been selected by Project staff to adequately measure children.

The assessment tool chosen for use in assessing a child must be as unbiased and reliable as possible, in spite of the child's handicap.

BRIGANCE INVENTORY

Name of Test — Brigance Inventory of Early Development

Author — Albert H. Brigance

Publisher — Curriculum Associates, Inc.
6 Henshaw Street
Woburn, Massachusetts 01801

Copyright — 1978

Age Levels — birth to seven

Purpose — The Brigance Inventory of Early Development was designed to be used as an assessment instrument, as an instructional guide, as a record-keeping tracking system, as a tool for developing and communicating an individualized education program and as a resource for training parents and professionals.

Areas of Content — The Brigance includes skills from birth to seven in areas such as:

- pre-ambulatory
- gross motor
- fine motor
- prespeech
- speech and language
- general knowledge
- readiness
- reading
- manuscript
- basic math

Types of Items — The majority of the items administered are visual. They are arranged in a developmental sequence.

Administration — The Brigance does not require specialized training in testing. The assessment procedures are simplified. Complex statistical procedures are not required for deriving and interpreting the results.

Strengths — The Brigance is comprehensive. It has been well researched and referenced. The format is easy to follow. It can be administered by non-professional people. It has been field-tested and; most of all, was designed to meet P.L. 94-142 requirements.

Consideration — Most of the test items are visually administered. This would interfere in measuring children with visual impairment.

LAP-D

Name of Test — Learning Accomplishments Profile, Diagnostic Edition (Revised), "LAP-D".

Authors — David Wilson LeMay, Patricia M. Griffin, Ann R. Sanford with statistical advice of Sergio Maltes. Chapel Hill Training-Outreach Model.

Publisher — Kaplan Press
600 Jonestown Road
Winston-Salem, North Carolina 27103

Copyright — August 1975, January 1977

Age Levels — birth to six years

Purpose — The LAP-D is an objective instrument which serves the purpose of:

- 1) evaluating the child's entry skills,
- 2) evaluating the child's exit skills, and
- 3) validating the effects of the intervention program.

Together with the Prescriptive Edition, they form a complementary system of ongoing assessment.

Areas of Content — The LAP-D is composed of the 5 discrete scales and 13 subscales listed below.

- | | |
|---------------------|--------------------|
| Fine Motor: | 1. Manipulation |
| | 2. Writing |
| Cognitive: | 3. Matching |
| | 4. Counting |
| Language/Cognitive: | 5. Naming |
| | 6. Comprehension |
| Gross Motor: | 7. Body Movement |
| | 8. Object Movement |
| Self-Help: | 9. Eating |
| | 10. Dressing |
| | 11. Grooming |
| | 12. Toileting |
| | 13. Self-Direction |

Types of Items — The items of the LAP-D are arranged task-analytically in ascending order of complexity. The child is asked to perform a variety of tasks including drawing, building with blocks, matching, puzzle work, copying, counting, naming (objects, actions, body parts, numbers), walking, running, skipping, hopping, jumping, catching, kicking, eating, drinking, snapping, zipping, lacing, washing, dressing, pouring, etc.

Administration — It is suggested that those administering the LAP-D go through training sponsored by the developers or their certified trainers.

Strengths — The LAP-D is easy to administer, easy to score, and well suited to preschool classroom use. Administration procedures are simple and flexible to meet the needs of young children. The materials are sturdy and attractive. Test items are designed to make the activities non-threatening. These activities may be done in their natural environment or at several sittings. Follow-up ongoing assessment is provided by the Prescriptive Edition of the LAP-D. The LAP-D may also be used with handicapped children.

Considerations — The cost of the LAP-D may be impractical for many budgets. Also, the size of the sample group used to establish norms was very small, with no reference to geographic variables. It would be necessary to have an aide to administer the LAP-D to an entire classroom of kindergarten children.

BURKS

Name of Test — Burks Behavior Rating Scale Pre-School and Kindergarten

Author — Harold F. Burks

Publisher — Ardin Press

8331 Alvarado

Huntington Beach, California 92646

Copyright — 1975

Age Levels — Pre-School and Kindergarten

Purpose — The Burks Behavior Rating Scales was designed to:

- 1) identify patterns of disturbed behavior distinguishing groups of children,
- 2) show behavior pattern changes over a time period,
- 3) indicate areas in a child's personality needing further evaluation,
- 4) provide a source of information useful for parent conferences by school personnel,
- 5) predict which children will or will not do well in special education classes, and
- 6) be of practical value when used by both parents and teachers.

Areas of Content — The Burks Scales include eighteen patterns or categories of behavior which are listed in the manual. The Scales gauge the severity of the negative symptoms, but do not assess the qualitative meaning of these actions.

Types of Items — The items on the scale were selected by the author after many years of clinical observation of children. These items are listed in a particular order for three reasons:

- 1) the categories graduate from over control of impulses to under control of impulses,
- 2) the categories range from hostility turned inward to anger turned outward,
- 3) the categories are arranged to indicate the degree of favorability of prognosis for children showing particular patterns of conduct. Items of any one category have been mixed in with items of other classifications to counteract the tendency of raters to bias their evaluations of other items of the same nature grouped together.

Administration — The Burks Scale does not require specialized training for use. It is an interview type scale.

Strengths — The Burks Scales have been standardized and it has been concluded that each category does tend to measure a discrete pattern of behavior. A simple scoring device has been devised.

Considerations — The Burks Scales scoring can tend to be subjective. Instructions for administering scales are somewhat sketchy.

ALPERN-BOLL DEVELOPMENTAL PROFILE

Name of Test — Alpern-Boll Developmental Profile

Authors — Gerald D. Alpern, Thomas J. Boll

Publisher — Psychological Development Publications

7150 Lakeside Drive

Indianapolis, Indiana 46278

Copyright — 1972

Age Levels — birth to twelve years

Purpose — The Developmental Profile has four major goals. These are:

- 1) to provide a multi-dimensional description of children's development,
- 2) to provide an instrument with no significant bias as a function of the sex, race, and social class of the children being evaluated,
- 3) to provide a quick, inexpensive, but accurate description of children's development, and
- 4) to enable persons without specific expertise to administer, score and interpret the instrument.

Areas of Content — The Developmental Profile is arranged into five scales consisting of 217 items. The age levels are sequenced in 6-month intervals from birth to 3½ years and proceed on by yearly intervals to pre-adolescence in five areas:

- physical
- self-help
- social
- academic
- communication

Types of Items — Most of the age levels within each scale contain three observable items, therefore, most age levels have fifteen items (3 items per scale times 5 scales). The items are either considered pass or fail and provide a child's developmental-age level by identifying his skills according to age norms in the five areas. Items from the academic scale provide an I.Q. equivalency score.

Administration — The Developmental Profile can be given in a regular or shortcut method. The inventory scores are determined in twenty to forty minutes by an evaluator who needs no training. A person sufficiently acquainted with a child provides the information in an interview. A pass or fail is recorded for each of the 217 questions by circling a digit on a scoring form.

Strengths — This is an instrument which allows for rapid use by professionals and semi-professionals to either boys or girls, black or white, with equal validity. This instrument has been standardized through national interviews.

Considerations — Some content can be interpreted differently when the language of the items is changed. The Developmental Profile standardization is limited to black and white urban children. The instrument is designed as a screening device as opposed to an in-depth assessment.

PROJECT MEMPHIS

Name of Test — Project Memphis Comprehensive Developmental Scale

Authors — Altan D. Quick, Thomas L. Little, A. Ann Campbell

Publisher — Fearon-Pitman Publishers, Inc.
Belmont, California 94002

Copyright — 1974

Age Levels — birth to five years

Purpose — The four components of the Project Memphis scale were developed as a system of individual program planning and evaluation for use in early childhood education programs for exceptional children. This instrument provides the basis for individualized program planning and provides a method of recording and evaluating mastery of skills both qualitatively and quantitatively.

The four components provide teachers with a method of planning, carrying out, and evaluating an early childhood program for handicapped children.

Areas of Content — The Project Memphis Comprehensive Developmental Scale includes skills from birth to five years of age developmentally in five subscales:

- personal-social
- gross motor
- fine motor
- language
- perceptual-cognitive

Types of Items — The Project Memphis Comprehensive Developmental Scale is a quickly administered assessment programming device, not a precise measurement of development, that is administered by personal observation of the child or information given to the teacher by others knowledgeable about the child.

Administration — The Scale is to be administered by teachers in a classroom setting as an individual or small group assessment. No specialized skill is required for administering the scale.

Strengths — The Project Memphis Developmental Scale is a relatively short assessment tool. The scale outlines three aspects important for Program planning, which are:

- 1) skills for later development,
- 2) ages at which the skills usually appear, and
- 3) sequence in which the skills usually appear.

The fourth component of the Scale contains lesson plans that correspond developmentally with the Scale including purpose, needed equipment, procedure for teaching and suggested criteria level for mastery of the skill.

Considerations — Unlike Personal-Social, Language, and Perceptual-Cognitive, the Gross and Fine Motor skills contain two skills per three month development instead of three which causes some confusion in scoring and inconsistency. For valid results, the same person should administer and reassess a child with the Memphis Scale.

OTHER ASSESSMENTS

Carolina Developmental Profile

Lillie & Harbin
Kaplan Press
600 Jonestown Road
Winston-Salem, N.C. 27103

Denver Screening Test

Barker, John, M.D.
Goldstein, Arnold, Ph.D.
Frankenburg, William, Ph.D.
Ladoca Foundation
East 51st Ave. & Lincoln St
Denver, Colorado 80216

The Lexington Developmental Scale

United Cerebral Palsy of the Bluegrass
465 Springhill Drive
Lexington, KY 40503

Maine Stream Preschool Speech and Language Survey

Vera Berv
Project Maine Stream Outreach Program
Maine School Admn. District #51
Cumberland North Yarmouth, Maine 04021

Talent Developmental Guide

RAPYHT Project
University of Illinois
403 East Healy Street
Champaign, Illinois 61820

Developmental Profiles

Sewall Early Education Program
Sewall Rehab Center
1360 Vine Street
Denver, Colorado 80206
1976

Telstar Development Checklist

Dr. Herbert Baker
1976
Alpena-Montmorency-Alcona Intermediate
School District
Box 497
Alpena, Michigan 49707

Preschool and Early Primary Skill Survey 1971

American Test Bureau
Room 210
Savings & Trust Bldg.
Indiano, PA 15701

EMI Assessment Scale

Dept of Pediatrics
University of Virginia
Box 232
Charlottesville, VA 22901

Specimen, Pupil Rating Scale

Myklebust, Helmer, Ed D
Grune & Stratton, Inc.
111 Fifth Avenue
New York, New York 10003

Perceptions of Development Skills

HICOMP Project
Pennsylvania State University
University Park, Pennsylvania
Bagnato, Eaves, & Neisworth
1977

THE CURRICULUM PROCESS

CURRICULUM

The curriculum process originates in the assessment of the child. The curriculum is a total learning program that the teacher, parents and other educational personnel have established to meet the individual needs of the child. The curriculum involves six areas: personal-social, gross motor, fine motor, language, perceptuo-cognitive and behavior. Instruction is carried out individually and in small groups.

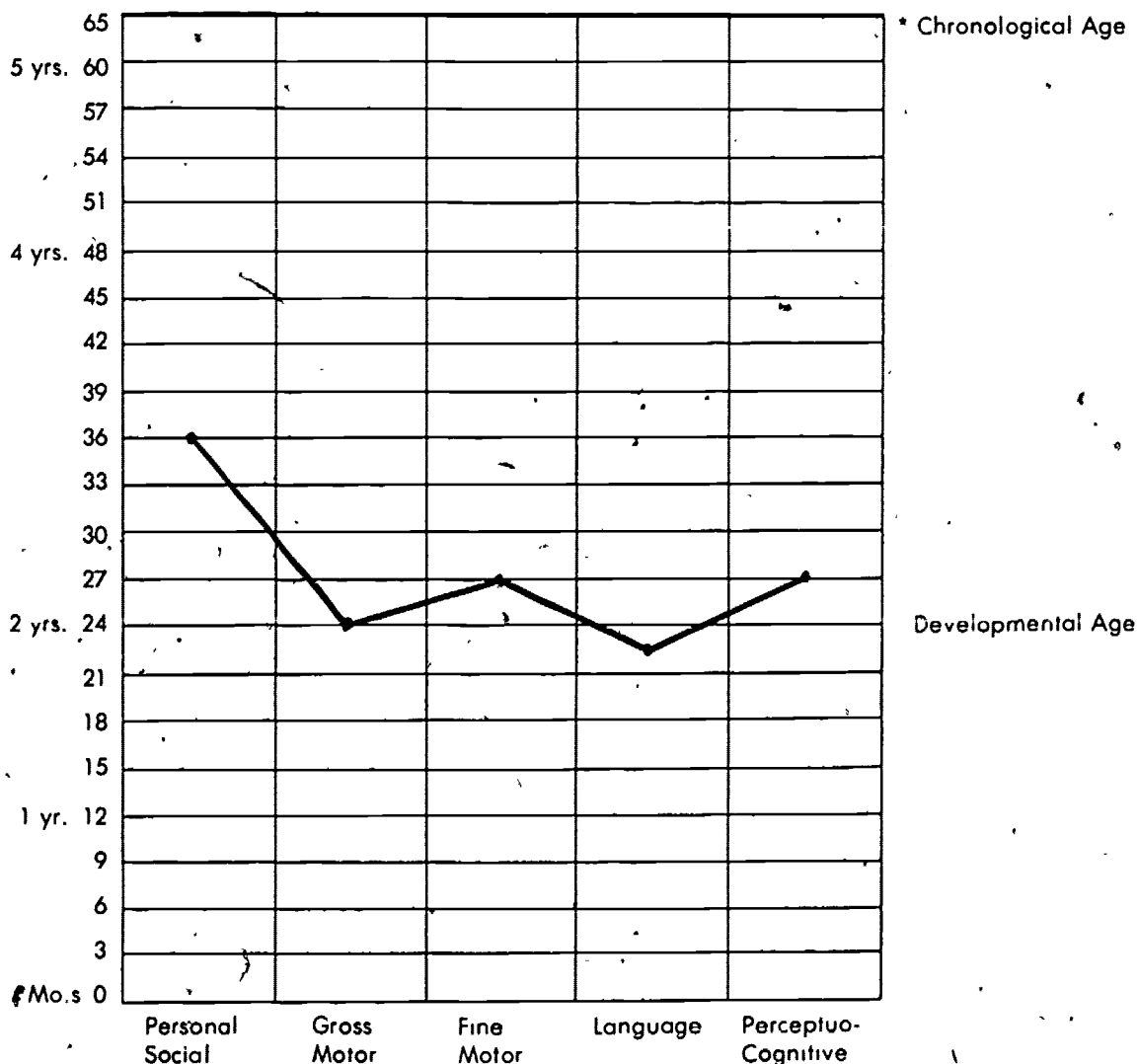
- The PEEEC curriculum is based on a developmental approach.

The following section describes the process by which the PEEEC staff has developed a curriculum for each child.

- I. Assessment to Total Service Plan (TSP)
See PEEEC Intake Manual for description of procedures prior to assessment.

- a. Choose an appropriate assessment instrument. Consider the child's handicap and the limitations it can impose on the child's performance. Use of more than one performance tool is recommended. Utilize information about the child provided in Diagnostic Assessment reports (e.g. psychological and medical reports).
- b. Obtain functional age for each developmental area. The developmental assessment will compare the child's growth to a normal scale of development.

SAMPLE DEVELOPMENTAL PROFILE



- c. Note the developmental areas that show a significant delay.
- d. Prioritize the areas according to the greatest need.
 - 1. Consider the child's needs at home.
 - 2. Consider the child's needs at school.
 - 3. Consider the child's needs in other situations.
- e. Note the child's strengths and weaknesses.

Example:

Strengths — Imitates well, family is very supportive.

Weaknesses — Language delay, fine motor skills.

- f. Annual goals should be written for each developmental area. This is a **general** statement of what skills the child will achieve or will attempt by the review date. This could be considered the teacher's goal for the child.

Example:

Language. To develop language comprehension, pre-articulation and listening skills to a twenty-four month level.

- g. Each annual goal should be broken down into short term objectives. The short term objectives will describe: the observable behavior/skill, criteria for mastery and the conditions under which the behavior will occur. Short term objectives are derived from a developmental sequence of skills. They represent only a sample of skills that are necessary for normal growth and development.

Using a developmental chart/scale and the assessment results, determine where the child's educational plan should begin.

Example:

Language Developmental. Sample of Skills — **Behavioral Characteristics Progression**, Vort Corp., P.O. Box 11132, Palo Alto, CA 94306

- 1. Vocalizes feelings of pleasure or pain.
- 2. Uses facial and arm gestures with vocalizations.
- 3. Talks to "self" in mirror using melodic rhythmic speech patterns.
- 4. Communicates by pulling another to show him objects/person/situation.
- *5. Uses one word for many related things.
- 6. Refers to self by first name.
- 7. Names familiar object, upon seeing it again, using one syllable word.
- 8. Names familiar object, upon seeing it again, using two or three syllable words.
- **9. Names five/ten/twenty familiar objects

Begin * Level of Functioning — September 1979.

** Level of Functioning — June 1980.

Choose several behaviors/skills that the child should acquire in each developmental area. These behaviors should become the short-term objectives.

- h. Describe the method of evaluation for skill acquisition. Also, include recommendations for strategies, procedures and materials.

II. Total Service Plan to Individual Intervention Plan (IIP)

a. Task Analysis of Objectives/Instructional Sequence

The IIP is a task analysis of each short-term objective that is listed on the TSP.

The task analysis process focuses on what the child **can do** and specifically where the child experiences difficulty. It sets the stage for determining actually what needs to be taught. (Payne, Pollaway, Smith, Payne, 1977). Task Analysis determines the:

1. specific educational tasks that are important for the child.
2. sequential steps involved in learning the tasks.
3. specific behaviors that the child needs to perform the task. (Lerner, 1971).

b. Criteria for Mastery — This section of the IIP describes how often the child must demonstrate the behavior/skill to show that it is mastered.

c. Strategies/Consequences/Evaluation

Strategies describe how the objective should be taught.

Consequences describe the reinforcement to be used during instruction.

Evaluation describes how the skill will be checked for mastery.

d. Materials/Equipment — Include adaptive equipment and other special materials.

e. Date Started/Date Accomplished — This is a section often neglected. It is important to keep a record of the child's progress for purposes of evaluation and future placement.

III. Individual Intervention Plan to Lesson Plan

Objectives are taken from the IIP on each child. Activities are then developed to teach the objectives using task analysis. The activities are pulled from many curriculum resources. The curriculum should be adapted to suit the child not vice-versa . . .

Within each activity several objectives can be taught. The materials, strategies and consequences can be pulled from the IIP. Special Instructions should list unusual considerations for each child. Each activity should be evaluated to see if any or all of the objectives have been met.

Project for Early Education of Exceptional Children (PEEEC)
West Kentucky Educational Cooperative

INDIVIDUAL EDUCATION PROGRAM: Total Service Plan

Child's Name _____

Birthdate _____

School _____

Date of Program Entry _____

Date of Approval _____

Date Due for Review _____

SAMPLE
Contains Language
Objectives Only

Summary of Present Level of Performance

Strengths: Imitates well, family supportive.

Weaknesses: Language delay, fine motor skills.

Prioritized Annual Goals: Cognitive, Gross Motor, Fine Motor, Social/Emotional, Language, Behavior

I. Language: To develop to a 2.50 developmental level.

II. Cognitive: To develop to a 3.00 developmental level.

III. Gross Motor: To develop to a 3.00 developmental level.

IV. Fine Motor: To develop to a 3.00 developmental level.

V. Behavior: To become more aware of limits in his environment.

VI. Personal-Social: To develop to a 3.00 developmental level.

Short Term Objectives	Specific Educational & or Support Services	Person(s) Responsible	Amount of time	Date Initiated	Date ending
I. Language a. Combine 2-3 words to form phrases. b. Combine 2 concepts such as "Daddy gone" c. Knows first name when asked for it. Increase vocabulary to 25 words. Will ask for 5 objects.	MSU Speech & Hearing Clinic & PEEEC DLC	Speech Clinician Millican	1/2 hour 4 days per wk. 1 hour	9/79	4/80 4/80 12/79 12/79 69

Objective Evaluation Criteria for each Annual Goal Statement

Project Memphis
BCP Progress Chart

Committee Recommendations for Specific Procedures, Techniques, Materials, (Include Information About Learning Style)

Imitates well, uses same speech model in class and home. Stress independence.

Description and/or of time in regular classroom

Committee Members Present

50% Headstart

Placement Recommendation:

PEEEC DLC

Date(s) of Meeting(s)

Project for Early Education of Exceptional Children (PEEEC)
West Kentucky Educational Cooperative
INDIVIDUAL EDUCATION PROGRAM: Individual Intervention Plan

Child's Name _____

School _____

Implementor _____

Area: Language

Annual Goals: To develop to a 2.50 developmental level.

Date of Program Entry _____

Projected Ending Date _____

Short Term Objective: I.a. To combine 2-3 words to form phrases

I.b. Ask for 5 objects

Present level of Performance:

I.a. Uses one word.

I.b. Uses nonsense syllables for objects.

Task Analysis

Task Analysis of Objectives/Instructional Sequence	Criteria for Mastery	Strategies Consequences Evaluations	Materials/ Equipment	Date Start	Date Accom- plished	Comments
I. a. Student will: <ul style="list-style-type: none"> 1. use one word in present tense 2. use pronoun — me, my, mine 3. use adjectives 4. use noun with article 5. use noun with possessive 6. use noun with quantifier 	3/5 " " " " "	Shaping Modeling Chaining Verbal prompting	Language enrichment materials	9/79	10/79 3/80 3/80 4/80 -----	
b. Student will ask for: <ul style="list-style-type: none"> 1. 1 item using recognizable words 2. 2 items using recognizable words 3. 3 items using recognizable words 4. 4 items using recognizable words 5. 5 items using recognizable words 	100% " " " "	Shaping Modeling	Household items	9/79	10/79 10/79 11/79 11/79 12/79	

73

72

**Project for Early Education of Exceptional Children
West Kentucky Educational Cooperative
Developmental Learning Center Daily Lesson Plan and Evaluation**

Children: Student

Date: 1-30-80

Teacher: Millican

Time: 9:00-9:15

Area(s): Language/Cognitive

Objective(s): I.b.

Activity

1. Name all objects for child.
2. Have her repeat after you.
3. Place objects in bag — have child pull them out one by one — naming each one.

Materials	Strategies	Reinforcement/ Consequences	Special Instructions
Plastic models of ball, car, doll, dog, cat, truck, airplane, boy, cow, girl.	Verbal prompting Manual prompting Modeling	Verbal praise	DO NOT reinforce jargon REINFORCE approxima- tion of words

Implementor Evaluation

I. Rate each trial as follows:

- + Behavior is consistent & reliable
- + Behavior is partially present or is approximated
- Behavior does not occur

II. Comments: Note any special circumstances or any changes which occurred in implementing the activity.

III. Child/Objective

IV. Rate the appropriateness of:

Trials

	Not at all	Some- what	Very
a. activity			
b. materials			
c. strategies			
d. reinforcers/ consequences			

CURRICULUM RESOURCES & MATERIALS

CURRICULUM MATERIALS

Curriculum planning is a very important step in the development of the child's educational services. In planning for these services, it is helpful to have at your fingertips a great deal of information concerning curriculum activities.

Following is a list and brief description of the curriculum materials found useful by the project staff. A continuous effort to provide the best educational services possible is ongoing.

MATERIALS AND EQUIPMENT

A teacher's classroom is as unique as the children served. Materials and equipment should fit the needs of the children as identified on IEP's. Of course, there are many factors which affect the amount of equipment that can be obtained or used in a classroom.

Appropriate assessment and curriculum materials should be a priority. Once a curriculum program is established for the children involved, existing materials and equipment can be adapted or the remaining financial resources can be utilized to obtain the needed materials and equipment. PEEEC staff is available to consult with schools in determining equipment, materials and utilizing resources for a classroom.

CURRICULUM GUIDES

Alive . . . Aware . . . A Person

O'Brien, Rosemary Ph.D.

Montgomery County Public Schools—1976

Rockville, MD

A developmental model for early childhood services with special definition for visually impaired children and their parents.

Developmental Activities

Herst, Wolfe, Jorgensen & Pallan

SEED Program

Sewall Early Education Developmental Program

Sewall Rehabilitation Center

1360 Vine Street

Denver, Colorado 80206

***The Teaching Research Curriculum For Moderately and Severely Handicapped**

Teaching Research Infant & Child Center

Charles C. Thomas — Publisher

Bannerston House

301-327 East Lawrence Avenue

Springfield, Illinois

***Planning Guide to the Preschool Curriculum: The Child, The Process, The Day**

Chapel-Hill Training-Outreach Project

Kaplan Press

Winston-Salem, N.C. 27103

1976

***Comp Curriculum Guide**

Forsberg, Neisworth, Laub

HICOMP Preschool Project

Pennsylvania State University

University Park, PA

1977

***Behavioral Characteristics Progression (BCP)**

Vort Corporation

P.O. Box 11132

Palo Alto, CA 94306

1973

Project Memphis — Lesson Plans for Enhancing Preschool Developmental Progress

Quick & Campbell

Dept. of Special Education & Rehabilitation

College of Education

Memphis State University

Memphis, TN

Kendall/Hunt Publishing Co.

Dubuque, Iowa

Project Kids

Curriculum Package

Department of Special Education

Dallas Independent School District

Dallas, Texas

***Working with Children**

Ochlocknee Project

Southwest Georgia Program — 1976

P.O. Box 110-A

Ochlocknee, GA 31773

**A Guide to the Development and Implementation of Home-Based
Infant Stimulation/Training Program**

University of Kentucky Human Development

Porter Building

University of Kentucky

Lexington, Kentucky 40506

Melton C. Martinson, Director

***The Live Oak Curriculum**

Myers, Celeste, Ed.

Alpha Plus Corp.

Circle Preschool

9 Lake Avenue

Piedmont, CA 94611

***Portage Guide to Early Education 1976 (manual & file)**

Bluma, Shearer, Frohman, & Hillard

The Portage Project

Cooperative Educational Service Agency #12

Box 564

Portage, Washington 99101

***The Cognitively Oriented Curriculum**

Weikart, Rogers, Adcock, McClelland
Publication Dept.

National Association for the Education of Young Children
1834 Connecticut Ave., N.W.

Washington, D.C. 20009 \$3.50

1971

***EMI Curriculum Pool Materials**

Elder, W.B. & Swift, J.

Education for Multihandicapped Infants

University of Virginia Medical Center

Box 232

Charlottesville, VA 22901

***Carolina Curriculum For Handicapped Infants**

(birth to 12 month developmental level)

Johnson, Jens, Atlermeir

Division of Special Education

University of North Carolina at Chapel Hill

Chapel Hill, North Carolina

***Programmed Environments Curriculum**

(A curriculum handbook for teaching basic
skills to severely handicapped persons)

Tawney/Knapp/O'Reilly/Pratt

Charles E. Merrill Publishing Co.

A Bell & Howell Co.

Columbus, Ohio 43216

*Found useful by Project Staff

RESOURCE BOOKS

***Mothers Can Help . . . A Therapist's Guide for Formulating
A Developmental Text for Parents of Special Children—1974.**

Cliff, Gray, Nymann
The El Paso Rehabilitation Center
2630 Richmond
El Paso, Texas 79930

***The Baby Exercise Book for the First Fifteen Months—1975.**

Levy, Dr. Janine
Translated by Eira Gleasnie
Pantheon Books
A Division of Random House
New York, New York

***Learning Activities for the Young Preschool Child—1978.**

Watrin & Furfey
D. Van Nostrand Company
New York, New York

Threshold Learning Library—1970

Titles in Series:

**Learning Abilities
Perceptual & Organizing Skills
Mathematical Skills & Scientific Inquiry
Language Skills & Special Concepts
Music & Movement Improvisations
Art Experience for Young Children
Dramatizations for Young Children
Physicals Skills for Young Children
Health & Safety for Young Children**

Adams, Anne
MacMillan Publishing Co., Inc.
866 Third Ave.
New York, New York 10022

***Kindergarten Cooks**

Pen-Print, Inc.
114 North Lincoln
Port Angeles, WA 98362

Auditory Training for Children

3417 Valta Place, N.W.
Washington, D.C. 20007

***Steps in Language Development for the Deaf**

Volta Bureau
3417 Volta Place, N.W.
Washington, D.C. 20007

***Programmed Basic Learning Activities**

Sample Titles in Series:

Counting

Colors

Numbers

Mafex Associates, Inc. Publishers

90 Cherry Street

Box 519

Johnstown, PA 15907

***Talk! Talk! Talk!**

Language Curriculum for the Preschooler Levels 1,2,3,4—1978

Mafex Associates, Inc.

90 Cherry Street

Box 519

Johnstown, PA 15907

*Found useful by Project Staff